

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: ☒ Initial ☐ Amendment (Explain) _____

RECEIVED Date Stamp 2014 MAY 27 AM 9:50 OFFICE OF CITY CLERK CITY OF NEWPORT BEACH	CALIFORNIA FORM 501 For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Duffield, Marshall, "Duffy"	(949) 645-6811	949	
STREET ADDRESS	CITY	STATE	ZIP CODE
2001 W. Coast Hwy	Newport Beach	CA	92663
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN
City Council		3	PARTY: Republican
OFFICE JURISDICTION			
<input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)			
			2014 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

N/A (Year of Election)	Primary/general election	N/A (Year of Election)	Special/runoff election
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(Check one box)

- ☐ I **accept** the voluntary expenditure ceiling for the election stated above.
- ☐ I **do not accept** the voluntary expenditure ceiling for the election stated above.

Amendment:

- ☐ I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

- ☐ On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on <u>5/22/2014</u> (month, day, year)	Signature <u>[Signature]</u> (Candidate)
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